

# Texas Education Agency Standard Application System (SAS)

<b>2017–2018 Perkins Reserve Grant</b>				
<b>Program authority:</b>	Title I, Part A, Carl D. Perkins Career and Technical Education Act of 2006, Public Law 109-270, Section 112(a)(1)			<b>FOR TEA USE ONLY</b> Write NOGA ID here:
<b>Grant Period:</b>	November 13, 2017, to August 31, 2018			<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED TEXAS EDUCATION AGENCY 2017 SEP 21 PM 12:50 DOCUMENT CONTROL CENTER GRANTS ADMINISTRATION </div>
<b>Application deadline:</b>	5:00 p.m. Central Time, September 26, 2017			
<b>Submittal information:</b>	One original and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address:  Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494			
<b>Contact information:</b>	Diane Salazar: <a href="mailto:diane.salazar@tea.texas.gov">diane.salazar@tea.texas.gov</a> ; (512) 936-6060			
<b><u>Schedule #1—General Information</u></b>				
<b>Part 1: Applicant Information</b>				
Organization name	County-District #			Amendment #
Plano ISD	043910			
Vendor ID #	ESC Region #			
	10			
Mailing address		City	State	ZIP Code
2700 W 15 <sup>th</sup> St		Plano	TX	75075-7524
<b>Primary Contact</b>				
First name	M.I.	Last name	Title	
David		Hitt	Director CTE	
Telephone #	Email address		FAX #	
469.752.8972	<a href="mailto:david.hitt@pisd.edu">david.hitt@pisd.edu</a>			
<b>Secondary Contact</b>				
First name	M.I.	Last name	Title	
Kathy		Waskow	Director Special Revenue	
Telephone #	Email address		FAX #	
469.752.8047	<a href="mailto:kathy.waskow@pisd.edu">kathy.waskow@pisd.edu</a>		469.752.8033	
<b>Part 2: Certification and Incorporation</b>				

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

**Authorized Official:**

First name	M.I.	Last name	Title
Steve		Fortenberry	CFO
Telephone #		Email address	FAX #
469.752.8100		<a href="mailto:steve.fortenberry@pisd.edu">steve.fortenberry@pisd.edu</a>	469.752.8033
Signature (blue ink preferred)		Date signed	

*Only the legally responsible party may sign this application.*

701-17-103-007

**Schedule #1—General Information**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 3: Schedules Required for New or Amended Applications**

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
4	Request for Amendment	N/A	<input type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	See Important Note For Competitive Grants*	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Equitable Access and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**\*IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, **the application will be disqualified.**

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Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 1: Required Attachments**

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		

#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		

**Part 2: Acceptance and Compliance**

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

**Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.**

X	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <a href="#">General and Fiscal Guidelines</a> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all <a href="#">General Provisions and Assurances</a> requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all <a href="#">Debarment and Suspension Certification</a> requirements.

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**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 3: Program-Specific Provisions and Assurances**☒ I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurances that they will continue to meet all Statutory Requirements as outlined in their 2017–2018 Perkins Formula Grant incorporated by reference.
4.	The applicant assures that its ability is to meet the 20% match requirement.
5.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the curriculum they develop will be appropriately aligned to marketable skills in the identified high-demand occupations. It may include industry recognized credentialing as part of the degree plan.
6.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the development and implementation of industry experiences, including mentorship programs, internships, externships, and/or apprenticeship, will expose students to applied learning and real-world work activities in the identified high-demand occupation(s).
7.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that, within 90 days of the grant start, awarded applicants will submit a Memorandum of Understanding (MOU) detailing the relationship between the dual credit partner, the LEA, and business and industry partner(s).

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**Schedule #4—Request for Amendment**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 1: Submitting an Amendment**

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). **Do not submit this schedule with the original grant application.** Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail **or** by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the [TEA Grant Opportunities](#) page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

**Part 2: When an Amendment Is Required**

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division [Administering a Grant](#) page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

**Part 3: Revised Budget**

			A	B	C	D
#	Schedule #	Class/ Object Code	Grand Total from Previously Approved Budget	Amount Deleted	Amount Added	New Grand Total
1.	Schedule #7: Payroll	6100	\$	\$	\$	\$
2.	Schedule #8: Contracted Services	6200	\$	\$	\$	\$
3.	Schedule #9: Supplies and Materials	6300	\$	\$	\$	\$
4.	Schedule #10: Other Operating Costs	6400	\$	\$	\$	\$
5.	Schedule #11: Capital Outlay	6600	\$	\$	\$	\$
6.	Total costs:		\$	\$	\$	\$

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Schedule #4—Request for Amendment (cont.)

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 4: Amendment Justification**

Line #	Schedule # Being Amended	Description of Change	Reason for Change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Indicate the Focus Area for which you are applying. **Only one Focus Area may be selected per application, limit of two applications per LEA** (see Program Guidelines pages 8 and 11 for more information on eligibility requirements for each of the Focus Areas).

- ☐ Focus Area 1: Pathway Hubs, Rural Schools
- ☒ Focus Area 2: Pathway Hubs, Career Center Partnerships
- ☐ Focus Area 3: CTE Career Cluster
- ☐ Focus Area 4: Testing Site/Licensed Instructor

Provide 1-to-1 technology (Chromebooks) to improve/supplement the technology for the Health Sciences Academy (HSA) students. These would be issued to each student in the HSA to provide them with a solution/tools (the high dependency on technology resources) that are needed for their healthcare and college (dual credit) courses throughout their progress in the academy's innovative healthcare career pathways. This would not only help students with around-the-clock access and mobility/flexibility this tool could provide, but also provide students with the experience (24/7 usage of similar technology) with an industry standard in the field of healthcare.

It is proposed to purchase a Chromebook for each student (grades 9-12) this first year, with the need to issue for incoming 9<sup>th</sup> grade students only in subsequent years.

This would assist us in providing a high quality CTE program to students that is aligned with the local, regional, state & national need for growing and providing the healthcare workforce.

This would assist in improving student outcomes for this CTE career center/academy. The Plano ISD Health Sciences Academy (HSA) offers a rigorous program of study that includes high-demand dual credit courses. The HSA courses provide content and training that lead toward multiple healthcare industry certifications and progress toward college degrees. HSA students are provided work-based learning opportunities through various rotation and preceptorships.

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**Schedule #5—Program Executive Summary (cont.)**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

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**Schedule #6—Program Budget Summary**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

Program authority: Title I, Carl D. Perkins Career and Technical Education Act of 2006, P. L. 109-270, Sec. 112 (a)(1)

Grant period: November 13, 2017, to August 31, 2018

Fund code: 244

**Budget Summary**

Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost	Match
Schedule #7	Payroll Costs (6100)	6100	\$	\$	\$	\$
Schedule #8	Professional and Contracted Services (6200)	6200	\$	\$	\$	\$
Schedule #9	Supplies and Materials (6300)	6300	\$75000	\$	\$75000	\$15000
Schedule #10	Other Operating Costs (6400)	6400	\$	\$	\$	\$
Schedule #11	Capital Outlay (6600)	6600	\$	\$	\$	\$
Grand total of budgeted costs (add all entries in each column):			<b>\$75000</b>	<b>\$</b>	<b>\$75000</b>	<b>\$15000</b>

**Administrative Cost Calculation**

Enter the total grant amount requested:	\$
Percentage limit on administrative costs established for the program (5%):	× .05
Multiply and round down to the nearest whole dollar. Enter the result. This is the maximum amount allowable for administrative costs, including indirect costs:	\$

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**Schedule #7—Payroll Costs (6100)**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

Employee Position Title		Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted	Match
<b>Academic/Instructional</b>					
1					
2	Educational aide			\$	\$
3	Tutor			\$	\$
<b>Program Management and Administration</b>					
4	Project director			\$	\$
5	Project coordinator			\$	\$
6	Teacher facilitator			\$	\$
7	Teacher supervisor			\$	\$
8	Secretary/administrative assistant			\$	\$
9	Data entry clerk			\$	\$
10	Grant accountant/bookkeeper			\$	\$
11	Evaluator/evaluation specialist			\$	\$
<b>Auxiliary</b>					
12	Counselor			\$	\$
13	Social worker			\$	\$
14	Community liaison/parent coordinator			\$	\$
<b>Education Service Center (to be completed by ESC only when ESC is the applicant)</b>					
15					
16					
17					
18					
19					
20					
<b>Other Employee Positions</b>					
21	Title			\$	\$
22	Title			\$	\$
23	Title			\$	\$
24	Subtotal employee costs:			\$	\$
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>					
25	6112	Substitute pay		\$	\$
26	6119	Professional staff extra-duty pay		\$	\$
27	6121	Support staff extra-duty pay		\$	\$
28	6140	Employee benefits		\$	\$
29	61XX	Tuition remission (IHEs only)		\$	\$
30	Subtotal substitute, extra-duty, benefits costs			\$	\$
31	<b>Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):</b>			\$	\$

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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By TEA staff person:

<b>Schedule #8—Professional and Contracted Services (6200)</b>			
County-district number or vendor ID: 043910		Amendment # (for amendments only):	
<b>NOTE:</b> Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.			
<b>Professional and Contracted Services Requiring Specific Approval</b>			
Expense Item Description		Grant Amount Budgeted	Match
6269	Rental or lease of buildings, space in buildings, or land	\$	\$
	Specify purpose:		
<b>a. Subtotal of professional and contracted services (6200) costs requiring specific approval:</b>		\$	\$
<b>Professional and Contracted Services</b>			
#	Description of Service and Purpose	Grant Amount Budgeted	Match
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
7		\$	\$
8		\$	\$
9		\$	\$
10		\$	\$
11		\$	\$
12		\$	\$
13		\$	\$
14		\$	\$
<b>b. Subtotal of professional and contracted services:</b>		\$	\$
<b>c. Remaining 6200—Professional and contracted services that do not require specific approval:</b>		\$	\$
<b>(Sum of lines a, b, and c) Grand total</b>		\$	\$

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #9—Supplies and Materials (6300)**

County-District Number or Vendor ID: 043910		Amendment number (for amendments only):	
<b>Supplies and Materials Requiring Specific Approval</b>			
		<b>Grant Amount Budgeted</b>	<b>Match</b>
6300	Total supplies and materials that do not require specific approval:	\$75000	\$15000
<b>Grand total:</b>		<b>\$75000</b>	<b>\$15000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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<u>Schedule #10—Other Operating Costs (6400)</u>			
County-District Number or Vendor ID: 043910		Amendment number (for amendments only):	
Expense Item Description		Grant Amount Budgeted	Match
6413	Stipends for non-employees other than those included in 6419	\$	\$
6419	Non-employee costs for conferences. Requires pre-authorization in writing.	\$	\$
Subtotal other operating costs requiring specific approval:		\$	\$
	Remaining 6400—Other operating costs that do not require specific approval:	\$	\$
<b>Grand total:</b>		<b>\$</b>	<b>\$</b>

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #11—Capital Outlay (6600)**

County-District Number or Vendor ID: 043910

Amendment number (for amendments only):

#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted	Match
<b>6669—Library Books and Media (capitalized and controlled by library)</b>					
1		N/A	N/A	\$	\$
<b>66XX—Computing Devices, capitalized</b>					
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$
5			\$	\$	\$
6			\$	\$	\$
7			\$	\$	\$
8			\$	\$	\$
9			\$	\$	\$
10			\$	\$	\$
11			\$	\$	\$
<b>66XX—Software, capitalized</b>					
12			\$	\$	\$
13			\$	\$	\$
14			\$	\$	\$
15			\$	\$	\$
16			\$	\$	\$
17			\$	\$	\$
18			\$	\$	\$
<b>66XX—Equipment, furniture, or vehicles</b>					
19			\$	\$	\$
20			\$	\$	\$
21			\$	\$	\$
22			\$	\$	\$
23			\$	\$	\$
24			\$	\$	\$
25			\$	\$	\$
26			\$	\$	\$
27			\$	\$	\$
28			\$	\$	\$
<b>66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>					
29				\$	\$
<b>Grand total:</b>				<b>\$</b>	<b>\$</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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Schedule #12—Demographics and Participants to Be Served with Grant Funds														
County-district number or vendor ID: 043910										Amendment # (for amendments only):				
<b>Part 1: Student/Teacher Demographics of Population To Be Served With Grant Funds.</b> Enter the data requested for the population to be served by this grant program. If data is not available, enter DNA. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.														
Student Category	Student Number	Student Percentage	Comment											
Economically disadvantaged	65	25%												
Limited English proficient (LEP)	DNA	%												
Attendance rate	NA	%												
Annual dropout rate (Gr 9-12)	NA	%												
Teacher Category	Teacher Number	Teacher Percentage	Comment											
1-5 Years Exp.	8	73%												
6-10 Years Exp.	2	18%												
11-20 Years Exp.	1	9%												
20+ Years Exp.		%												
No degree	1	9%	associate's degree											
Bachelor's Degree	9	82%												
Master's Degree	1	9%												
Doctorate		%												
<b>Part 2: Students/Teachers To Be Served With Grant Funds.</b> Enter the number of students in each grade, by type of school, projected to be served under the grant program.														
School Type:		<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Open-Enrollment Charter			<input type="checkbox"/> Private Nonprofit			<input type="checkbox"/> Private For Profit			<input checked="" type="checkbox"/> Public Institution		
Students														
PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										106	68	46	40	260
Teachers														
PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										1	2	4	4	11

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**Schedule #13—Needs Assessment**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 1: Process Description.** A needs assessment is a systematic process for identifying and prioritizing needs, with “need” defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The Plano ISD Health Sciences Academy is primarily supported with donation pledges. Those funds are prioritized toward funding tuition and instructional materials. It is not in the scope of that or district funding to provide for a 1-to-1 “assigned” computer for the HSA students. Currently the students in the HSA have limited access to computers and that is only during their “class” time.

The extra time management and rigor of the college-level work and projects the HSA students are expected to complete need on-demand, portable technology to increase their success rate with this innovative partnership with Collin County Community College. Due to this and the fact that mobile computing has become an industry standard/expectation/critical tool in most areas of healthcare, including patient care, providing each student with this tool has become a priority.

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**Schedule #13—Needs Assessment (cont.)**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 2: Alignment with Grant Goals and Objectives.** List your top three to five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	1-to-1 mobile computing for Health Sciences Academy students in grades 9-12. The Plano ISD Health Sciences Academy 9 <sup>th</sup> /10 <sup>th</sup> students are housed at Williams High School campus. The 11 <sup>th</sup> /12 <sup>th</sup> students are housed at Plano East Senior High campus.	This need would be addressed by purchasing and issuing Chromebooks for the HSA students with the awarded grant funds.
2.		
3.		
4.		
5.		

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By TEA staff person:

**Schedule #14—Management Plan**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 1: Staff Qualifications.** List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	Coordinator CTE Health Sciences	Meets district job description
2.	Director CTE	Meets district job description
3.	HSA Instructors	Meets district job description
4.	Executive Director Instructional Technology	Meets district job description

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Order Chromebooks	1. start ordering process	11/15/2017	11/22/2017
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
2.	Develop guidelines and define logistical processes for implementation	1. create guidelines for all aspects of appropriate usage, maintenance, checkout/checkin process	11/13/2017	12/01/2017
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
3.	Receive and prepare devices (inventory, labeling, etc).	1. get all devices properly setup, inventoried and labeled	12/11/2017	12/20/2017
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
4.	Provide training and checkout devices	1. instructor led training using cte dept. guide material	01/04/2018	01/12/2018
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
5.	Assess usage and determine effectiveness/progress	1. instructor inspection	02/01/2018	02/09/2018
		2. instructor inspection	03/01/2018	03/09/2018
		3. instructor inspection	04/03/2018	04/10/2018
		4. coordinator survey	04/23/2018	04/27/2018

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By TEA staff person:

toward the goals of the project	5.	instructor checkin	05/28/2018	05/31/2018
<b>Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.</b>				
<b>Schedule #14—Management Plan (cont.)</b>				
County-district number or vendor ID: 043910			Amendment # (for amendments only):	
<b>Part 3: Feedback and Continuous Improvement.</b> Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.				
<p>The district goals and objectives are monitored by the superintendent's office and the assessment department. They are adjusted/updated by the district based improvement committee. These measurable objectives are reviewed continually to ensure progress toward goal attainment. They are communicated to all stakeholders through a variety of means coordinated by the district communications office. Examples are: district Web site, district eNews, school board publications.</p>				
<b>Part 4: Sustainability and Commitment.</b> Describe any ongoing, existing efforts that are similar or related to the planned project. How will you coordinate efforts to maximize effectiveness of grant funds? How will you ensure that all project participants remain committed to the project's success? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.				
<p>Following the checkpoints in the proposed project timeline/milestones, district CTE administration will gather information from the HSA instructors and monitor its effectiveness. Additional training will be provided if any information gathered during implementation or maintenance of the program reveals that it is needed. Students will have clear expectations for responsibility and accountability of the devices' care and usage. Student receive and submit HSA coursework through web-based learning management so are very dependent on technology tools for success and progress.</p>				

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**Schedule #15—Project Evaluation**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**Part 1: Evaluation Design.** List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	routine inspection by instructors	1.	equipment is being maintained responsibly
		2.	
		3.	
2.	student survey	1.	student lists of if and how having their "own" device is impacting their learning experiences
		2.	
		3.	
3.	teacher survey	1.	teacher responses on observations of impact on quality of student communication, quality of work, collaboration, time management
		2.	
		3.	
4.	metrics including student retention, program completion, dual credit pass rate	1.	use data to compare to previous year metrics
		2.	
		3.	
5.		1.	
		2.	
		3.	

**Part 2: Data Collection and Problem Correction.** Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Instructors will routinely inspect the Chromebook and report results to the program coordinator. The coordinator will schedule time with instructors to evaluate the project effectiveness and impact on student workflow and communications. Data will be collected from student and instructor surveys.

Enrollment in the Health Sciences Academy is continuously monitored. The HSA coordinator is in direct communication with Collin College faculty and administration to monitor and address student-level academic, achievement toward completion of program and industry certifications, and attendance.

The district technology department will support problems with implementation or maintenance of this project. Campus-level and district-level hardware support will be involved. Any issues with improper usage will be handled by the instructors utilizing the district discipline process.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**TEA Program Requirement 1:** Explain how the project identified the high-demand occupations and their related programs of study in partnership with the local workforce development board. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

The project will assist students in the Health Sciences Academy. The Healthcare industry and career pathway is a targeted occupation per our local workforce development board. This list is based on economic indicators validated by training providers and economic developers throughout the region. This information can be verified at <https://dfwjobs.com/industries> and <https://dfwjobs.com/industries/healthcare>

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**TEA Program Requirement 2:** Describe how you will design at least one program of study that spans secondary and postsecondary education and includes an appropriate sequence of courses that are aligned with high-demand occupations identified by local regional workforce board. The program of study should build in rigor as students progress through high school. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

9th Grade

PISD Principles of Health Science

Meets Health and Professional Communication graduation requirements

10th Grade\*

Clinical Path

Health Care Communications, Medical Terminology,  
and Basic Health Professional Skills

11th Grade\*

Certified Nurse Aide

Nurse Aide, Pathophysiology and Health Care Delivery System

11th Grade\*

Allied Health

Health Care Delivery System, Pathophysiology and Pharmacology

12th Grade\*

Patient Care Technician

(EKG + Phleb)

Prereq: CNA

Allied Health

EKG Technician

Phlebotomy Technician

EMT

\* All courses in 10<sup>th</sup>-12<sup>th</sup> are dual credit with Collin County Community College

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**TEA Program Requirement 3:** Provide a sample crosswalk that identifies postsecondary coursework that would be required of a student in the program of study in order to complete a certificate or receive an associate's degree from the partnering general academic teaching institution(s) within two to three years of graduating from high school. The crosswalk may also demonstrate how the project can lead to a bachelor's degree. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

Year	Fall Semester	Spring Semester
9 <sup>th</sup> grade	PISD: Principals of Health Science = 0.5	PISD: Principals of Health Science = 0.5 Professional Communication = 0.5
10 <sup>th</sup> grade	Collin College transcript HPRS 2232 Health Care Communication = 2.0 HITT 1305 Medical Terminology 1 = 3.0	Collin College transcript HPRS 1204 Basic Health Profession Skills = 2.0
	PISD transcript Medical Terminology 1 = 0.5	PISD transcript Health Science 1 = 0.5
11 <sup>th</sup> grade  Allied Health (EKG, Phleb, EMT) 1 period	Collin College transcript HITT 1305 Med Term = 3.0 HPRS 2232 Health Care Communication = 2.0	HITT 1345 Health Care Delivery System = 3.0 M-F
	PISD transcript Project-Based Research 1 = 0.5	PISD transcript Project-Based Research 1 = 0.5
11 <sup>th</sup> grade  <b>CNA, PCT Certification</b> 2 period block	Collin College transcript NURA 1301 Nurse Aide Health Care = 3.0 HPRS 2232 Health Care Communication = 2.0	Collin College transcript NURA 1160 Clinical = 1.0 Certification Exam for CNA HITT 1305 Med Term = 3.0
	PISD transcript Health Science Theory/Clinical = 1.0	PISD transcript Health Science Theory/Clinical = 1.0
12 <sup>th</sup> grade  <b>EMT Certification</b> 2 period block	Collin College transcript EMSP 1371 Intro to EMT = 3.0 EMSP 1501 EMT = 5.0 (continued to next semester)	Collin College transcript EMSP 1160 Clinical = 1.0 EMSP 1501 EMT = 5.0
	PISD transcript Practicum in Health Science = 1.0	PISD transcript Practicum in Health Science = 1.0
12 <sup>th</sup> grade  <b>EKG Certification</b> 2 period (M, W, F) block= 1 PISD credit/year	Collin College transcript DSAE 1340 Diagnostic EKG = 3.0	Collin College transcript ECDR 1111 EKG = 1.0
	PISD transcript Project-Based Research 2 = 0.5	PISD transcript Project-Based Research 2 = 0.5
12 <sup>th</sup> grade  <b>Phlebotomy Certification</b> 2 period (T, Th) block= 1 PISD credit/year	Collin College transcript PLAB 1323 = 3.0	Collin College transcript PLAB 1360 Clinical = 3.0
	PISD transcript Project-Based Research 2 = 0.5	PISD transcript Project-Based Research 2 = 0.5
12 <sup>th</sup> grade  <b>PCT(Completed CNA, enrolled in EKG and Phleb)</b> 2 periods	Collin College transcript DSAE 1340 Diagnostic EKG = 3.0 and PLAB 1323 = 3.0	Collin College transcript ECDR 1111 EKG = 1.0 and PLAB 1360 Clinical = 3.0
	PISD transcript Practicum in Health Science 2 = 1.0	PISD transcript Practicum in Health Science 2 = 1.0

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By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**TEA Program Requirement 4:** Identify the partner organizations that will help carry out the grant. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

Collin County Community College District

**TEA Program Requirement 5:** Identify at least one industry partner that will assist with curriculum development to support relevant and frequent industry experiences for students participating in the program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

Texas Health Presbyterian Hospital  
 The Heart Hospital Baylor Plano  
 Baylor Scott & White Medical Center Plano ISD  
 Methodist Hospital Richardson  
 LifeCare Hospital Plano  
 Arcpoint  
 Labcorp  
 City of Plano Fire-Rescue  
 Medical City Plano

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**TEA Program Requirement 6:** Propose a sustainability plan to ensure that the school(s) will continue to meet the goals of the grant program after the end of the grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

It is proposed that the Health Sciences Academy continue to meet the goals of this program by the implementation and enforcement of guidelines, procedures and best-practices for maintaining and sustaining the use of the technology devices. As listed in the proposed in the milestones and timelines section, routine inspections and check-points by the instructors will be utilized help ensure the program continues as begun.

As enrollment in the Health Sciences Academy increases it is our hope that we are considered not only for this intial grant, but for a continuation grant in years two and three.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**TEA Program Requirement 7:** List capstone industry certifications and programs of study that were identified in partnership with postsecondary, industry, or other LEAs. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Area 4 must address this question.**

Certified Nurse Aide (Certified Nursing Assistant)

Patient Care Technician

Emergency Medical Technician

Certified Phlebotomy Technician

Certified EKG Technician

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 043910

Amendment # (for amendments only):

**TEA Program Requirement 8:** Explain how the awarding of a Perkins Reserve Grant will complement the existing CTE program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Area 4 must address this question.**

This grant will complement the existing CTE program by supplementing the current minimal access to technology tools for the students in the Health Sciences Academy.

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**Schedule #18—Equitable Access and Participation**

County-District Number or Vendor ID: 043910

Amendment number (for amendments only):

**No Barriers**

#	No Barriers	Students	Teachers	Others
000	The applicant assures that no barriers exist to equitable access and participation for any groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Barrier: Gender-Specific Bias**

#	Strategies for Gender-Specific Bias	Students	Teachers	Others
A01	Expand opportunities for historically underrepresented groups to fully participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A02	Provide staff development on eliminating gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A03	Ensure strategies and materials used with students do not promote gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A04	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A05	Ensure compliance with the requirements in Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A06	Ensure students and parents are fully informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Cultural, Linguistic, or Economic Diversity**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B01	Provide program information/materials in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B02	Provide interpreter/translator at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	Increase awareness and appreciation of cultural and linguistic diversity through a variety of activities, publications, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B04	Communicate to students, teachers, and other program beneficiaries an appreciation of students' and families' linguistic and cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B05	Develop/maintain community involvement/participation in program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B06	Provide staff development on effective teaching strategies for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B07	Ensure staff development is sensitive to cultural and linguistic differences and communicates an appreciation for diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B08	Seek technical assistance from education service center, technical assistance center, Title I, Part A school support team, or other provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B09	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	Involve parents from a variety of backgrounds in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 043910

Amendment number (for amendments only):

**Barrier: Cultural, Linguistic, or Economic Diversity (cont.)**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B12	Offer "flexible" opportunities for parent involvement including home learning activities and other activities that don't require parents to come to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15	Provide adult education, including high school equivalency (HSE) and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16	Offer computer literacy courses for parents and other program beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B18	Coordinate with community centers/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B19	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B20	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21	Ensure compliance with the requirements in Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B22	Ensure students, teachers, and other program beneficiaries are informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B23	Provide mediation training on a regular basis to assist in resolving disputes and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Gang-Related Activities**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C01	Provide early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C04	Provide flexibility in scheduling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C05	Recruit volunteers to assist in promoting gang-free communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C06	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C07	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 043910

Amendment number (for amendments only):

**Barrier: Gang-Related Activities (cont.)**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C08	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	Establish collaborations with law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	Provide training/information to teachers, school staff, and parents to deal with gang-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Drug-Related Activities**

#	Strategies for Drug-Related Activities	Students	Teachers	Others
D01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D04	Recruit volunteers to assist in promoting drug-free schools and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D06	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D07	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D08	Provide comprehensive health education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14	Provide training/information to teachers, school staff, and parents to deal with drug-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	Provide program materials/information in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 043910

Amendment number (for amendments only):

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E03	Provide program materials/information in large type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E04	Provide program materials/information in digital/audio formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E05	Provide staff development on effective teaching strategies for visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E06	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E07	Format materials/information published on the internet for ADA accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Hearing Impairments**

#	Strategies for Hearing Impairments			
F01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F02	Provide interpreters at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F03	Provide captioned video material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F04	Provide program materials and information in visual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F05	Use communication technology, such as TDD/relay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F06	Provide staff development on effective teaching strategies for hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F07	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Learning Disabilities**

#	Strategies for Learning Disabilities	Students	Teachers	Others
G01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G02	Expand tutorial/mentor programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G03	Provide staff development in identification practices and effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G04	Provide training for parents in early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Physical Disabilities or Constraints**

#	Strategies for Other Physical Disabilities or Constraints	Students	Teachers	Others
H01	Develop and implement a plan to achieve full participation by students with other physical disabilities or constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H02	Provide staff development on effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H03	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 043910

Amendment number (for amendments only):

**Barrier: Inaccessible Physical Structures**

#	Strategies for Inaccessible Physical Structures	Students	Teachers	Others
J01	Develop and implement a plan to achieve full participation by students with other physical disabilities/constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J02	Ensure all physical structures are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Absenteeism/Truancy**

#	Strategies for Absenteeism/Truancy	Students	Teachers	Others
K01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K02	Develop and implement a truancy intervention plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K04	Recruit volunteers to assist in promoting school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K06	Provide before/after school recreational or educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K07	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K08	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K09	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K10	Coordinate with health and social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K11	Coordinate with the juvenile justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K12	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: High Mobility Rates**

#	Strategies for High Mobility Rates	Students	Teachers	Others
L01	Coordinate with social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L02	Establish collaborations with parents of highly mobile families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L03	Establish/maintain timely record transfer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Support from Parents**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M01	Develop and implement a plan to increase support from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M02	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Amendment number (for amendments only):

**Barrier: Lack of Support from Parents (cont.)**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M03	Recruit volunteers to actively participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M04	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M05	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M06	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M07	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M08	Provide program materials/information in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M09	Involve parents from a variety of backgrounds in school decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M12	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M13	Provide adult education, including HSE and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M14	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M15	Facilitate school health advisory councils four times a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Shortage of Qualified Personnel**

#	Strategies for Shortage of Qualified Personnel	Students	Teachers	Others
N01	Develop and implement a plan to recruit and retain qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N02	Recruit and retain personnel from a variety of racial, ethnic, and language minority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N03	Provide mentor program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N04	Provide intern program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N05	Provide an induction program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N06	Provide professional development in a variety of formats for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N07	Collaborate with colleges/universities with teacher preparation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Knowledge Regarding Program Benefits**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P01	Develop and implement a plan to inform program beneficiaries of program activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P02	Publish newsletter/brochures to inform program beneficiaries of activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Barrier: Lack of Knowledge Regarding Program Benefits (cont.)**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P03	Provide announcements to local radio stations, newspapers, and appropriate electronic media about program activities/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Transportation to Program Activities**

#	Strategies for Lack of Transportation	Students	Teachers	Others
Q01	Provide transportation for parents and other program beneficiaries to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q02	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q03	Conduct program activities in community centers and other neighborhood locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Barriers**

#	Strategies for Other Barriers	Students	Teachers	Others
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			

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